

**STATEMENT OF ADULT ACTING *IN LOCO PARENTIS* (AS A PARENT)**

**Fill out this form if you are caring for a needy child you are not related to  
and you do not have court-ordered custody or guardianship of the child.**

**SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY)**

1. COMMUNITY SERVICES OFFICE (CSO)	2. CASE MANAGER NAME	3. UNRELATED ADULT'S CLIENT ID NUMBER
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**SECTION 2. INFORMATION ON ADULT CARING FOR THE CHILD (PLEASE PRINT CLEARLY)**

4. LAST NAME	5. FIRST NAME	6. MIDDLE NAME	7. PHONE NUMBER (INCLUDE AREA CODE) (       )
8. CURRENT ADDRESS (STREET, CITY, AND ZIP CODE)			9. PREVIOUS ADDRESS (STREET, CITY, AND ZIP CODE)

**SECTION 3. INFORMATION ON THE CHILD'S PARENTS (PLEASE PRINT CLEARLY)**

10. NAME OF CHILD'S MOTHER	11. MOTHER'S PHONE NUMBER (       )	12. MOTHER'S CURRENT OR LAST KNOWN ADDRESS
13. NAME OF CHILD'S FATHER	14. FATHER'S PHONE NUMBER (       )	15. FATHER'S CURRENT OR LAST KNOWN ADDRESS

**SECTION 4. INFORMATION ABOUT YOUR RELATIONSHIP WITH THE CHILD (PLEASE PRINT CLEARLY)**

16. Do you have permission from the child's parents to care for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, is it in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. EXPLAIN HOW THE CHILD CAME TO LIVE WITH YOU

18. How long do you expect the child to live with you? _____
19. Are you planning to seek court-ordered custody or guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5. INFORMATION ABOUT THE CARE AND CONTROL OF A CHILD**

**"In loco parentis"** means in the place of a parent or instead of a parent.  
In order for the department to decide that you are acting in loco parentis,  
you must have intentionally taken over the duties of a parent.

**We consider you as acting in loco parentis when:**

- The child's parents are absent.
- You are not the child's legal guardian or custodian; and
- You have taken over the daily care and control of the child.

**Below are examples of duties an adult acting in loco parentis will do.**  
**By signing this form, you are stating that you carry out the daily care and control of the child and act in loco parentis.**

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| • Provide basic food, shelter, and clothing for the child. | • Attend parent/teacher conferences.                        |
| • Get the child up and ready in the morning.               | • Take the child to regular medical or dental appointments. |
| • Make sure the child gets to school or daycare.           | • Act as the emergency contact at school.                   |
| • Help younger children bathe and dress.                   | • Sign up and take the child to extracurricular activities. |
| • Prepare meals for the child.                             | • Provide guidance and discipline to the child.             |

By signing this form, I state that I provide care and instructions with the child's best interest in mind.

I know the department will conduct a background check to decide if there is a reason that the child may not continue to get benefits while living with me. I understand that the child cannot receive benefits while they live with me if I do not meet the requirements for an in-home/relative child care provider under Chapter 388-290 WAC. I also know that if the results of the background check raise concerns about the child's health, safety, or welfare, the department will make a referral to Child Protective Services (CPS) and release the results of this check. I know that if I give incorrect information on this form on purpose, the laws of the State of Washington consider it perjury.

SIGNATURE OF ADULT ACTING IN LOCO PARENTIS	DATE
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